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B Y  
J. F. F R A S E R.  
M.B., B.S., D.P.H., D.Obst., R.C.O.G.



Medical Officer's Section,  
Health Department,  
9, Horsefair,  
Pontefract.

To the Chairman and Members of the Council.

Gentlemen,

I have the honour to present for your information and consideration a Report on the Health and Health Services of the District during the year 1949.

The Annual Report of the Sanitary Inspector dealing with the Sanitary Circumstances of the District, Housing and the Inspection and Supervision of Food Supplies is complementary to this Report.

For your information certain details of the personal health services administered by the County Council are included.

The National Health Service has now been with us for over a year. Many of the difficulties it brought with it are still with us. The dental service is still overrun, and there is still delay in obtaining spectacles for school children, though of recent months the waiting time has been reduced. We still have too few hospital beds; the shortage of sanatorium accommodation for the tuberculous patient is, if anything, more acute.

The housing position remains a matter of serious concern. Despite every effort there appear to be more people needing houses than there were twelve months ago. The adverse effect on health which results is difficult to assess accurately, but in view of the increased risk of acquiring infection and the obvious discomforts of overcrowding, there must be much misery caused through friction with landlords, family rows, and uncertainty regarding the future.

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In the personal health services a good deal has been achieved and the people have responded well to all the facilities offered.

I am Gentlemen,

Your Obedient Servant,

*John F. Haer.*

Medical Officer of Health.





P A R T   O N E.

STATISTICS AND SOCIAL CONDITIONS.

Area of the District:      2,837 acres  
 Population, mid-year, Registrar-General's estimate: 9,725  
 Number of inhabited houses at the end of 1949:   2,745  
 Rateable value at end of 1949:      £41,038.  
 Product of penny rate:      £157.8s.9d.  
 These figures show a population increase of 122.

VITAL STATISTICS.

<u>Live Births.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	80	94	174
Illegitimate	6	6	12
Total	86	100	186

Birth rate per 1,000 estimated population:      19.13

Percentage of illegitimate live births:      6.45

<u>Still Births.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	1	1
Illegitimate	-	-	-
Total	-	1	1

Rate per 1,000 total(live and still births):   5.3

Rate per 1,000 estimated civilian population: 0.103

<u>Deaths.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
All age groups	71	50	121
<u>Infants under 1 year.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	3	3	6
Illegitimate	1	-	1
Total	4	3	7

Maternal Deaths.

NIL

Death Rates.

Gen ral rate per 1,000 population	12.4
All infants per 1,000 live births	37.6
Legitimate infants per 1,000 legitimate live births	34.5
Illegitimate infants per 1,000 illegitimate live births	83.3
Maternal deaths per 1,000 live and still births	NIL

The number of births is 38 fewer than last year, and the birth rate has dropped from 23.44 to 19.13. The reduction in the number of still births from 8 to 1 is gratifying to note. Deaths have fallen by 19. I am



pleased to be able to report once again that there were no maternal deaths during the year. The infant mortality rate is 37.6.

The principal causes of death are set out in the following Table.

T A B L E I

Cause of Death.	Male.	Female.	Total.
Tuberculosis, pulmonary	3	-	3
Tuberculosis, non-pulmonary	-	1	1
Syphilitic diseases	-	1	1
Influenza	1	-	1
Cancer	8	7	15
Intra-cranial vascular lesions	4	7	11
Heart diseases	25	13	38
Other diseases of circulatory system	2	-	2
Bronchitis	6	5	11
Pneumonia	-	3	3
Ulcer of stomach or duodenum	1	-	1
Diarrhoea under 2 years	1	-	1
Other digestive diseases	2	-	2
Nephritis	1	-	1
Premature birth	2	-	2
Birth injuries, malformation etc	2	1	3
Suicide	1	-	1
Road traffic accidents	1	-	1
Other violent causes	3	2	5
All other causes	8	10	18
	71	50	121

Heart disease once again provides the highest death rate from individual causes, 38 deaths being attributed to it; this is an increase of 15 on last year's figures.

Infant Mortality.

The following Table gives causes of infant deaths during 1949 classified into age groups and months of incidence.

T A B L E II

Cause of Death	Age Groups.							All ages under 1 year		
	Under 1 wk	1-2 wks	2-3 wks	3-4 wks	1-3 mth	3-6 mth	6-9 mth	M.	F.	Tot.
Pneumonia	-	-	-	-	-	1	-	-	1	1
Diarrhoea	-	-	1	-	-	-	-	1	-	1
Birth injuries malformation etc.	2	-	-	-	-	-	-	1	1	2
Prematurity	2	-	-	-	-	-	-	2	-	2
Accident	1	-	-	-	-	-	-	-	1	1
	5	-	1	-	-	1	-	4	3	7



The following Table gives a general survey of infant deaths throughout the year.

T A B L E    I I I

Cause of Death	Jan	Feb	Mar	Apl	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Diarrhoea	-	-	-	-	-	-	-	-	-	-	1	-
Pneumonia	-	-	-	-	1	-	-	-	-	-	-	-
Birth injuries malformation etc.	-	-	-	1	1	-	-	-	-	-	-	-
Prematurity	-	-	-	-	-	1	-	1	-	-	-	-
Accident	-	-	-	-	1	-	-	-	-	-	-	-

Total    -    7

P A R T    T W O

PREVALENCE OF AND CONTROL OVER INFECTIOUS  
AND OTHER DISEASES.

The following Table shows the prevalence of infectious diseases throughout the year.

T A B L E    I V

	Jan/ Mar	Apl/ Jun	Jul/ Sep	Oct/ Dec	Total	No. admit- ted to hospital.	Deaths.
Scarlet Fever	2	6	10	23	41	40	-
Whooping Cough	2	50	38	1	91	-	-
Measles	29	7	9	1	46	-	-
Pneumonia	8	3	1	2	14	-	3
Erysipelas	-	-	1	-	1	-	-
Ophthalmia Neonatorum	-	-	1	-	1	-	-
Acute Polio- myelitis	-	-	1	-	1	1	-
	41	66	61	27	195	41	3

Certain of the above figures call for comment.

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### Whooping Cough.

Whooping Cough was prevalent during the year. We have not as yet, in this country, a satisfactory vaccine against this disease. A vaccine produced in America has yielded favourable results and it is expected that a similar vaccine will become available in this country during the next few months. Until a reliable vaccine is available, it has been decided not to make immunisation facilities available at our clinics.

### Diphtheria.

No case of diphtheria occurred during the year.

106 children under the age of 5 years and 63 children over the age of 5 years, received a full course of primary immunisation against diphtheria. In addition 265 children received a reinforcing injection.

Immunisation of infants was carried out at the Infant Welfare Clinics at Knottingley and Ferrybridge, and the annual comb-out of the schools was carried out by Dr. Kehelly as in former years.

### Scarlet Fever.

Although a steady incidence of scarlet fever occurred throughout the year, at no time did the disease assume epidemic proportions. Cases on the whole were mild in character.

### Poliomyelitis.

One case of poliomyelitis occurred in the District during the year, during the period of prevalence in the West Riding. This disease remains one of the mysteries of medicine and we still have much to learn of its mode of spread. It is already clear that a high porportion of the population must be infected at some stage of their life, but only a very small number of cases develop the characteristic signs of paralysis, and no doubt the mild cases are responsible for the occasional appearance of the severe form of the disease in some unexpected quarter.

### TUBERCULOSIS.

In the following Table new cases and mortality are classified.

T A B L E V.

Age Periods	NEW CASES				DEATHS			
	Resp.		Non-Resp.		Resp.		Non-Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	-	-	-	1	-	-	-	1
5 and under 15	-	-	1	-	-	-	-	-
15 and under 25	-	-	-	-	-	-	-	-
25 and under 35	-	1	-	-	-	-	-	-
35 and under 45	-	-	-	1	-	-	-	-
45 and under 55	-	-	-	-	-	-	-	-
55 and under 65	1	1	-	-	3	-	-	-
65 and over	-	-	-	-	1	-	-	-
Totals	1	2	1	2	4	-	-	1

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The following Table summarises particulars contained in the Register of tuberculous persons.

T A B L E VI

Number of cases in Register.	Respiratory		Non-Respiratory		Total in Register
	M.	F.	M.	F.	
At the commence- ment of 1949.	31	18	5	17	71
Notified under Regulations of 1930 for the first time during 1949.	4	2	1	2	9
Removed during 1949.	8	1	-	5	14
At the end of 1949	27	19	6	14	66

The reasons for removal of cases from the register are given in the following Table.

T A B L E VII

Entries relating to:-	Respiratory.		Non-Respiratory		Total
	M.	F.	M.	F.	
Persons who have died	4	-	-	1	5
Persons who have recovered.	4	-	-	1	5
Revision of diagnosis.	-	1	-	3	4
	8	1	-	5	14

P A R T T H R E E.

M A T E R N I T Y   A N D   C H I L D   W E L F A R E.

Maternity and Child Welfare Clinics were held throughout the year as follows.

Child Welfare Clinics.

Chapel Street, Knottingley. Monday at 1.30 p.m.  
Average attendance 30.

Wesleyan Chapel, Fishergate, Ferrybridge. Wednesday,  
1.30 p.m. Average attendance 42.



Ante-Natal Clinics.

Chapel Street School, Knottingley. 1st and 3rd Thursday and 2nd and 4th Tuesday at 1.30 p.m. Average attendance 15 mothers.

Wesleyan Chapel, Fishergate, Ferrybridge. 1st and 3rd Tuesday at 1.30 p.m. Average attendance 15 mothers.

The following proprietary preparations were available at cost price (free in necessitous cases) to all women attending the clinics.

Ostermilk (Nos. 1 & 2)	Horlicks
Humanised Trufood	Virol
Cow & Gate	Colact
Maltoline	Farex
Ovaltine	Adexolin
Glucodin	Scotts Baby Cereal

The following were distributed free of charge.

I.C.D. Tablets  
Ferrous Sulphate Tablets  
Viteolin Tablets

During the year 3 women were sent to Castleford Maternity Home; 11 to Leeds Maternity Hospital; 1 to Wakefield General Hospital; 2 to Northgate Lodge, Pontefract; 12 to Walton Hall Maternity Home; 8 to Hazlewood Maternity Home; and 2 to Manygates Hospital, Wakefield.

For domiciliary confinements there were three midwives in operation, all of whom possess cars.

1949 saw the issue of Gas and Air machines for Analgesia, to all midwives, and it is hoped that the beginning of 1950 will see the issue of the new drug pethedine. Each of these should prove a useful weapon in the fight for painless childbirth.

The following analysis of births occurring during 1949, adjusted by transferred notifications, indicates how the various maternity services and institutions were used.

1. No. of births occurring in the district during 1949.

Domiciliary Cases.

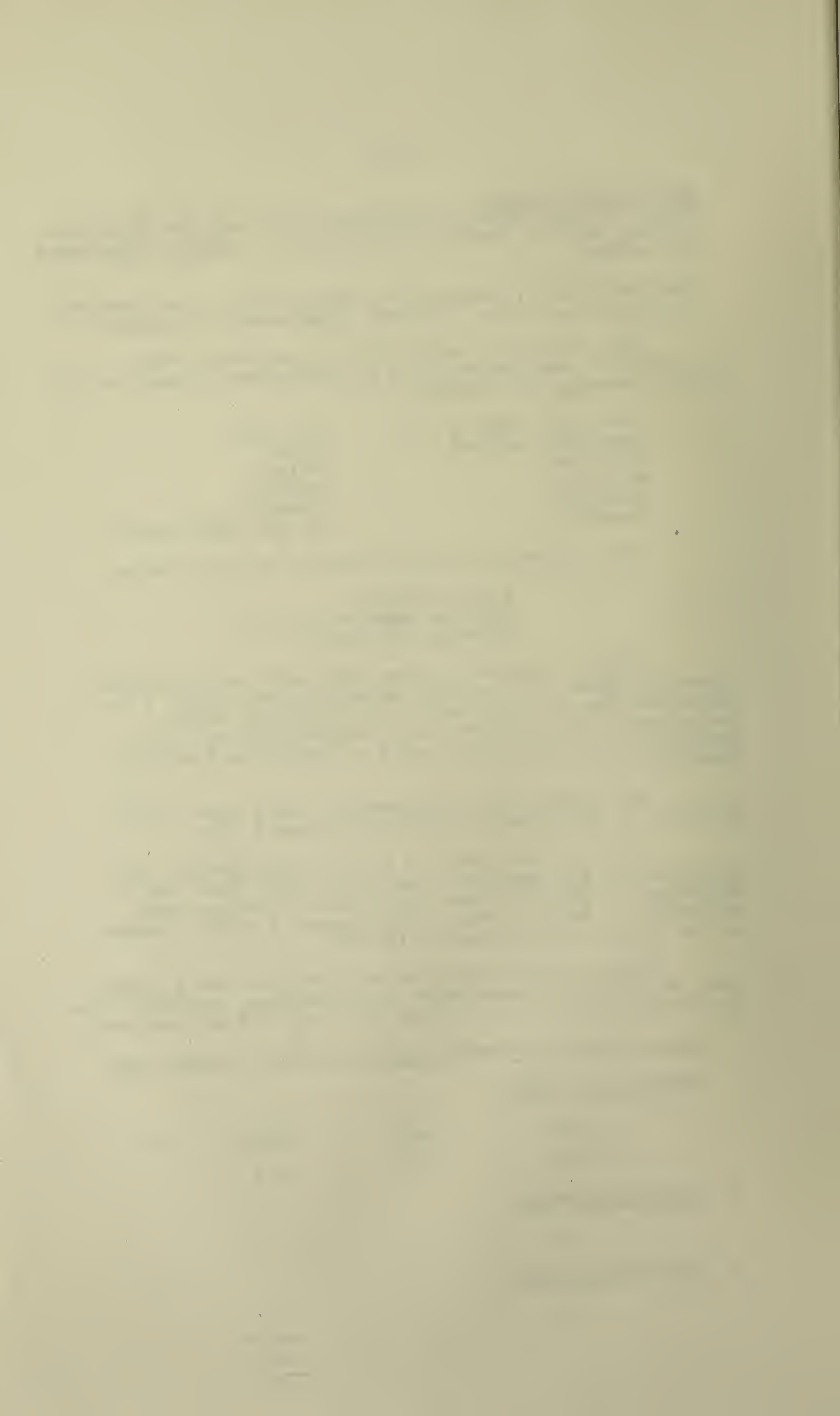
<u>L.B.</u>	<u>S.B.</u>	<u>Total.</u>
118	Nil	118

2. Outward Transfers.

2	-	2
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3. Inward Transfers.

51	-	51
		<u>167</u>





Inward Transfers.

Castleford Maternity Home	3
Pontefract Nursing Home	7
Leeds Maternity Home	11
Wakefield General Hospital	1
Northgate Lodge, Pontefract	2
Walton Hall Maternity Home	12
Private address	1
Hazlewood Maternity Home	8
Moorgate Hospital, Lotherham	1
Manygates Maternity Home, Wakefield	2
Fairfield Nursing Home, Doncaster	1
Hamilton Annexe Doncaster	1
Willows Nursing Home, Leeds.	1
	<u>Total 51</u>

Care of the Premature Infant.

Seven premature infants were notified during the year. In each case a special investigation was made and help given as required. In hospital cases there was close liaison between hospitals and Authorities.

Certain efforts have been made during the year to improve the care given to the premature infant. A special cot and other equipment is held in the ambulance depot at Pontefract and is instantly available on call by a general practitioner or midwife. The equipment is carried to the patient's house by ambulance. In addition, the services of a specially trained Health Visitor are available.

P A R T F O U R

SCHOOL MEDICAL SERVICES.

Routine school medical inspections were carried out in the Knottingley schools during the year.

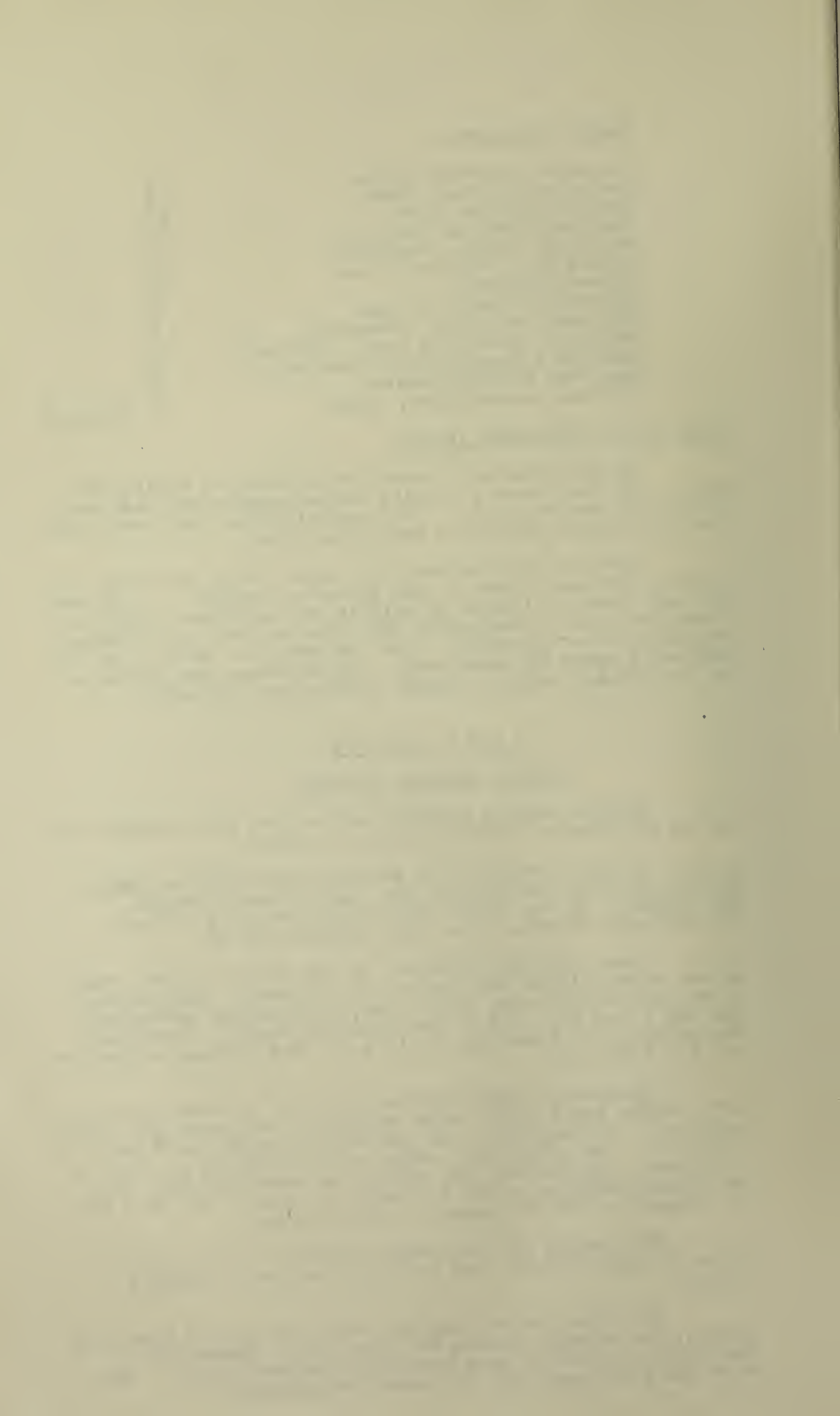
A clinic session for consultation with the School Medical Officer was held at the Chapel Street School, Knottingley, on the second and fourth Monday at 10 a.m. The average attendance for this session was 25.

Minor Ailments Clinics, in the charge of the school nurse, were held at the Chapel Street School, Knottingley, on Monday and Thursday at 10 a.m., the average attendance per day being 15; and at the Wesleyan Chapel, Fishergate, Ferrybridge, on Wednesday at 10 a.m., the average attendance per day being 18.

Specialist consultations are held in Pontefract for orthopaedic cases (held twice monthly), ear, nose and throat cases (held fortnightly), and ophthalmic cases (held fortnightly). Unfortunately, owing to uncertainty of terms of employment, Mr. Hutton was obliged to cease his Ear, Nose and Throat Clinics at the beginning of April, but they will be resumed at the beginning of the new year.

The demand for all these clinics is great and in spite of every effort, the waiting list grows steadily larger.

An ultra violet lamp was installed in the Headlands Clinic, Pontefract, during the year, and a number of Knottingley children have received treatment there. The need has been great and the benefits apparent.



## P A R T F I V E.

### HOME NURSING.

The demand for the Home Nursing Service has been heavy and the services of an additional nurse have been made available to assist Nurse Lumley with her work.

## P A R T S I X.

### CARE AND AFTER CARE.

An effort has been made during the year to implement our obligations under the National Health Service Act of 1946, under this heading. The Pontefract Infirmary found itself unable to obtain the services of an Almoner and after a good deal of negotiating, a Health Visitor was given access to the Hospital, on the one hand to furnish background histories of patients where such information was of importance, and on the other hand to obtain early information of the discharge of patients whom the personal health services might be able to assist.

### Home Helps.

The Home Help Service has grown greatly during the year, and the demand for it has increased 600%. It is now proving necessary to exercise restriction on the type of case for which Home Help is provided. The practice adopted is to give first consideration to a confinement and to emergency surgical or medical cases where the mother of the family is incapacitated. Chronic cases are allowed Home Help after the above needs have been fulfilled. The chronic sick can thus obtain help only intermittently and this is not altogether satisfactory. However, the full establishment of Home Helps has been clearly laid down and must be adhered to; there is some prospect that it might be increased in the near future.

## P A R T S E V E N

### MENTAL HEALTH

Work under the Lunacy and Mental Treatment Acts, 1890 and 1930 has been undertaken by a Duly Authorised Officer living in Pontefract, and we have one Mental Deficiency Social Worker, Miss Simons, for work under the Mental Deficiency Acts.

## P A R T E I G H T.

### AMBULANCE SERVICES

The Ambulance Service of the area is operated on an agency basis on behalf of the County Council and its administration is the responsibility of the County Ambulance Officer. It is expected that the service will be completely taken over by the middle of 1950.

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larger, more steady, the waiting list grows steadily

An ultra violet lamp was installed in the Honduras Clinic, Poncefuerz, during the year and a number of X-ray children have received treatment there. The

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